

Campaign Year  
2020

## State Employees' Charitable Campaign Pledge Form



Last Name

First Name

Middle Initial

Employee ID Number  
(for payroll deduction only)

Department

Division/DDS Code

Work Phone Number

### PLEDGE TYPE

### CHARITABLE ORGANIZATION DESIGNATIONS

**CASH / CHECK**  
(one time donation)

**PAYROLL DEDUCTION**

**FIVE DIGIT CHARITY  
CODE**

**ANNUAL AMOUNT  
AND CHARITY NAME**

\$

*Make checks payable to SECC*

Amount  
(Per Pay)

\$

Pay Periods

X

26

Annual  
Amount

\$

\$

\$

\$

\$

\$

DESIGNATED GIFTS: To designate to one or more **approved** charitable organizations, fill in the charitable organization identification number(s) and contribution amount. Charities must be approved in the current year to participate.

\*\*SECC organizations do not provide goods or services in whole or in partial consideration for any contribution made to the organization via this pledge form.

☐

**I DO NOT WISH TO PARTICIPATE AT THIS TIME.**

### DONOR ACKNOWLEDGMENT AUTHORIZATION

☐

I DO NOT want my name, address or e-mail address released to charities.

☐

Release my name, address and/or e-mail address to the charity(ies) I designated.

MY HOME ADDRESS IS: (My name will not be released unless a home or e-mail address is provided.)

STREET:

CITY:

STATE:

ZIP CODE:

MY HOME E-MAIL ADDRESS IS:

AUTHORIZATION: I hereby authorize any agency of the State of Delaware, by which I may be employed during 2021, to deduct the amount(s) shown above from my pay each pay period during the calendar year 2021 starting with the first pay period in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the State Employees' Charitable Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Designations to charitable organizations that are not approved to participate in the SECC will be considered undesignated.

**Note To Chairs: Please distribute a copy of this form to (1) The Donor (2) Your Records (3) Your Payroll Office (4) United Way**